

SENT VIA EMAIL OR FAX ON
Mar/10/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Facet Block L3/4, L4/5, L5/S1 with Fluoro; MAC, SI Joint Injection

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☐ Overturned (Disagree)
☒ Partially Overturned (Agree in part/Disagree in part)

Lumbar Facet Block L3/4, L4/5, L5/S1 with Fluoro and MAC are medically necessary

SI Joint Injection is not medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 12/22/09 and 1/21/10
2/18/10
Dr. 9/20/07 thru 2/4/10
Lumbar Spine 9/22/03
Electrodiagnostic Test 1/9/04
OP Not 5/26/04

PATIENT CLINICAL HISTORY SUMMARY

This lady was injured in xx/xx. She had ongoing back pain. The electrodiagnostic studies did not include an emg and were felt to be normal. The Mri showed an l5/S1 disc herniation with compromise of the left S1 root. The material provided did not include a neurological exam. She had prior left facet blocks in 2006. She reported it did well with RF of the left L3/4, L4/5 and L5/S1 levels in 9/09. She has right-sided pain now. There is local tenderness at the right facets. She reportedly has tenderness at the right SI with pain on bilateral SI shearing. There is a diagnosis of a radiculitis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The first issue is that the person met the requirements for facet pain. Because of the prior RF treatment, the reviewer presumes the current study is for a diagnostic block prior to an RF procedure. The levels requested are for L3/4, L4/5 and L5/S1. Depending on how this is interpreted, this would require blocks from L2 to S1. Medial Branch Blocks at L3/4 would control L4/5 and those at L5/S1 would control L5/S1. This would be acceptable per the ODG as blocking three levels. This is based upon the innervations of the facet region.

The SI injection requires documentation of failed therapy. That was not provided. Further, the ODG requires 3 positive findings for SI pain. Only 2 were provided and therefore, the SI injections are not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)